On June 17, 1931, Agatha Hodgins and a small group of nurse anesthetists founded the National Association of Nurse Anesthetists (NANA; later called the American Association of Nurse Anesthetists). The effort to turn the newly formed group into a stable, functioning Association was driven by Hodgins. On January 1, 1933, she suffered a heart attack and was hospitalized for 6 months; she then went into semi-retirement with a much less active role in the NANA. 1(p200) Hodgins asked Gertrude Fife (Figure 1) and Helen Lamb (Figure 2) “to go ahead with the national organization as much as possible.” 2 Fife was Hodgins’ first assistant at the University Hospitals of Cleveland, Ohio, and Lamb was the founder and director of the school of anesthesia at Barnes Hospital, St Louis, Missouri. At the time, there were no plans to hold an Annual Meeting.

Planning the Meeting
With less than $500 in the Association’s treasury and fewer than 100 members, 3(pp200-201) Fife knew that she would need some assistance in planning the meeting. She turned to John Mannix, assistant director of the University Hospitals of Cleveland. On May 2, Fife wrote to Lamb indicating that Mannix had asked her if the NANA would want to hold their Annual Meeting in conjunction with the American Hospital Association (AHA) meeting in Milwaukee, Wisconsin, in mid-September. Fife thought it was a good idea and asked for Lamb’s opinion, specifically if Lamb thought it wise to hold a meeting during an economic depression. Fife felt it necessary that Lamb be in attendance at the meeting because the anesthetists who had done the most work in the Association and “the outstanding anesthetists throughout the country should be there.” 3 Fife also told Lamb that Mannix believed that a meeting with the AHA would be an opportunity to

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meet with hospital superintendents and get the word out about nurse anesthetists.

Although Lamb's reply cannot be verified, we can safely assume she agreed because Mannix wrote a letter to Bert Caldwell, executive secretary of the AHA, asking if the NANA could hold its meeting in conjunction with AHA. Caldwell promptly replied to Fife and said that the AHA would welcome the arrangement and that it would be beneficial to both organizations. He further wrote:

You are, of course, aware that a very large percentage of the hospitals are employing nurse anesthetists—this in spite of the very insistent movement to confine the administration of anesthetics or at least to have the department of anesthesia in every hospital under the control of a doctor of medicine. We are in no means in sympathy with this last mentioned movement, and I am sure that the hospitals would come to a very much better understanding as to the problems of the nurse anesthetist if the two meetings could be held concurrently in the same city.

Caldwell also extended to the NANA the travel and hotel discounts given to AHA members.

Later in May, Fife met with the Cleveland members of the NANA who approved the idea of holding the Annual Meeting in conjunction with the AHA meeting; the members also appointed Fife to be in charge of the meeting. The work of the NANA that summer was concerned with recruiting members in order to have a respectable meeting attendance, creating the meeting program, and revising the constitution and bylaws. Fife sent a letter to graduates of Lakeside Hospital School of Anesthesia, Cleveland, Ohio, and to other nurse anesthetists she knew advising them of the upcoming meeting and encouraging them to become members of the NANA. Dues were $5.

**Arranging the Program**

Fife worked with Lamb over the summer to arrange the program; Lamb even traveled to Cleveland one weekend to help with meeting preparations. The two began to contact prominent nurse anesthetists and surgeons and request they speak at the meeting. Among the surgeons they contacted were George W. Crile, the surgeon who asked Agatha Hodgins to be his anesthetist at Lakeside Hospital, and Evarts Graham, professor of surgery at Washington University and surgeon in chief at Barnes Hospital. Crile declined because of other commitments, but Graham agreed to send a letter of greeting.

As the meeting drew close, both Lamb and Fife grew nervous. A letter from Fife to Lamb read in part: “My dear Helen, I too am getting heart failure. As the time draws near I begin to wonder if everything is done. It has been a big job, arranging for badges, tickets, reservations and everything.”

**The Meeting—Day 1**

The meeting began with registration at 8:00 AM on September 13 in Milwaukee’s Public Auditorium (Figure 3). Most of the registrants came from the Midwest with a few from as far as California and Florida. The attendance of 120 was quite impressive considering the NANA’s membership was 503 and the country was in the midst of the Great Depression.

Registration was followed by a trip, organized by Local Committee Chairman Catherine Cameron, to St Joseph’s Hospital, Milwaukee, Wisconsin, to watch the administration of ethylene anesthesia. The anesthetics were given by students from St Joseph’s Hospital Post-Graduate School of Anesthesia. Surgeons Chester Echols and F.A. Stratton addressed the group; Stratton ended his talk by saying, “I wish to extend my congratulations to the members of your organization on having attained such a high degree of proficiency in your work which has resulted in such a benefit to us as surgeons and to our patients.”

After the trip to St Joseph’s Hospital, 85 nurse anesthetists met for a luncheon at the Astor Hotel, where a letter of greeting from Evarts Graham was read. Lamb was Graham’s personal anesthetist for more than 20 years and administered the anesthesia when Graham performed the first successful total pneumonectomy in April 1933. In his letter, Graham stated that...

...one of the most important contributions towards the perfection of surgery has been the improvement in the conduct of anesthesia. To a large extent I feel that the skillful, well-trained nurse anesthetist has been responsible for the great improvement in the practice of anesthesia which one sees throughout this country now as compared with twenty years ago.

The general session began at 2:00 PM with an address by President Agatha Hodgins. Her paper was read to the group because illness prevented her from attending the meeting. She stated that the meeting was a “first-fruit of what might be called an adventure,” reflected on the reasons for forming the NANA, and shared her ideas on how to make the newly formed group into a
viable and prosperous association. She concluded with the wish that

... each component group, now building their part of our organization, may so embody in their work the spiritual qualities of courage, simplicity, endurance and good judgment, that the integral whole may... give warmth, light and security to the present generation and be of continuing beauty and usefulness to generation coming after us. 1(p13)

The session continued with Malcolm MacEachern’s talk on “The Importance of a Well Organized Anesthesia Department.” MacEachern was the director of hospital activities at the American College of Surgeons. He was followed by Bert Caldwell, executive secretary of the American Hospital Association, whose paper was titled “The Value of the Nurse Anesthetist to Present-Day Hospitalization.” Caldwell, who extended the invitation to the NANA to hold its meeting with the AHA, opened his talk by stating that the NANA had “great potentialities of numerical growth and increasing influence in the field of anesthesia.” 1(p14)

Gertrude Fife spoke next on “The Future of the Nurse Anesthetist,” a paper in which she stressed the importance of standardization of nurse anesthesia educational programs. Fife believed that an excellent school of nurse anesthesia would admit only nurses of the highest qualifications and present a program of well-planned didactic and clinic instruction. Fife also emphasized the need for a longer course of instruction to ensure an anesthetist well trained in the techniques of anesthesia administration and knowledgeable about new drugs. Fife’s dream of standardization did not take place until 1952 when the accreditation program was implemented. She continued her paper with the future of nurse anesthesia education, calling for the move of schools from hospitals to a university setting where the “responsibility of teaching under this arrangement would be assumed by the university

working in cooperation with the hospital in regard to the practical instruction to be given to students.” 1(p17) She felt the university setting would offer connections with other teaching areas that would benefit the nurse anesthetists’ education.

Another topic mentioned by Fife was establishing a national board of examinations. Requiring nurse anesthetists to pass an examination would “safeguard the surgeon’s interest, the interest of the hospitals, and the interest of the public.” 1(p19) Fife’s vision for an examination came to fruition in 1945 when the first Qualifying Examination (now called the Certification Examination) took place. Fife stated that when standardization and examination were accomplished, the result would be that nurse anesthesia “training will be clear cut and established, and in addition the work will have the backing of an organization standing for the highest ideals.” 1(p19)

The first day of the meeting ended with the AHA’s banquet and ball to which the NANA attendees were invited. The AHA honored Gertrude Fife by asking her sit at the speakers’ table.

The Meeting—Day 2

Thursday, September 14, began with a tour of Milwaukee followed by lunch at the Hotel Wisconsin. Robert Jolly, superintendent of Memorial Hospital, Houston, Texas, and president-elect of the AHA, began the general session that afternoon with a paper on NIRA. He suggested that the acronym for the National Industrial Recovery Act, part of President Roosevelt’s New Deal, could also stand for Nurses Intently Regard Anesthesia. In his paper he stated that the qualities needed in a nurse anesthetist were courage, quick thinking, coordination of hands and mind, and an interest in the welfare of the patient. 1(p23)

Ruth Nash, director of the school of anesthesia at Long Island College, Brooklyn, New York, followed with a paper on “Anesthesia Induction and the Inductionist.” Nash spoke of the importance of winning the patient’s confidence and making the patient comfortable. Nash’s answer to the familiar patient question, “How do you know when I have had enough anesthetic?,” showed the skills of nurse anesthetists of that era who worked without monitors. Her reply was to ask the patient if they could tell what time it was by looking at the face of a clock. 1(p26) Nash’s preference for induction for adults was “nitrous oxide-oxygen because of its pleasant odor and the rapid loss of consciousness.” 1(p28) She spoke highly of the promising future of Avertin for adult inductions. While...
she had only observed about 50 cases, her conclusion was that “the quiet reposeful manner in which a patient glides off into that ‘Land of Dreams’ is most gratifying to all interested parties.”1(p28)

Helen Lamb’s paper “Endotracheal Inhalation Gas Oxygen Anesthesia” concluded the general session. She began by discussing the historical development of endotracheal anesthesia and her combination of the endotracheal technique with nitrous oxide-oxygen anesthesia. She explained the technique and assured attendees that there was no reason that a well-trained anesthetist could not master it. Lamb stressed the advantages for using the endotracheal technique, including the assurance of an unobstructed airway and protection of the trachea from aspirated matter.1(p33-34)

The general session was followed by the Business Meeting. Treasurer Miriam Shupp reported that NANA’s income from June 17, 1931, to September 8, 1933, was $2,066.67, which included dues from 503 members. Disbursements for postage, stationery, printing, telegrams, and a cash box totaled $68.30, leaving $1,998.37 in the Association’s bank account. The constitution and bylaws were ratified, and officers and trustees were elected and announced at the meeting. They were Gertrude Fife, president; Catherine Cameron, first vice president; Gertrude Alexander, second vice president; Mae Cameron, third vice president; Miriam Shupp, treasurer; and Aida Allwein, Agatha Hodgins, Helen Lamb, Cora McKay, and Ruth Nash, trustees. A resolution to elect Agatha Hodgins as honorary president was passed.1(p33-34)

A dinner (now called the Banquet) was held that evening (Figure 4) and was followed by 2 papers: “Ethylene Anesthesia” by Catherine Cameron and “Carbon Dioxide Filtration Method of Anesthesia” by Rosalie McDonald. Cameron, director of St Joseph’s Hospital Post-Graduate School of Anesthesia, discussed her 9 years of experience with ethylene. She gave 7 reasons for its use including that it shortens the second stage of anesthesia, is well tolerated by the elderly and young children, gives only a slight increase to blood pressure, and is not flammable.1(p36-38)

McDonald, chief anesthetist at Emory University Hospital, Atlanta, Georgia, spoke about her experience with a circle filter for carbon dioxide absorption (Figure 5). Fife closed the Annual Meeting by saying 1(p33):

It is highly significant that we have had this marvelous demonstration of interest at our first annual meeting. To me it is both thrilling and stimulating to know that you have come, many of you, from great distances, to participate in this gathering. I feel that we are making history, and that we are laying the foundation for a fine organization, that will be of great benefit to the future of the work.

The following day the NANA officers and trustees held a breakfast meeting to discuss educational issues and plans for the 1934 Annual Meeting to be held in Philadelphia, Pennsylvania.

Response to the Meeting

The response to the meeting appears to have been quite positive. Fife wrote to Lamb that “everyone seems to be quite enthusiastic about it, and I sincerely hope that the enthusiasm keeps up…”7 Hodgins also wrote to Lamb, congratulating her on the “splendid paper” that she read at the meeting and said, “I am of course deeply delighted that the meeting passed off so well, and deeply grateful to those who worked so hard for it and put it over in such a fine way.”8

And from that “first-fruit” 75 years ago, the AANA Annual Meeting has grown into a meeting of 5 days with an attendance of more than 3,000. The banquet on the last night of the conference continues, and the meeting includes activities such as Opening Ceremonies and Party with a Purpose. As we prepare for the 75th Annual Meeting in Minneapolis, Minnesota, let us remember the solid “foundation” laid by Fife, Lamb, and their contemporaries upon which 74 additional Annual Meetings have been built.

REFERENCES